## Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  NAME OF PROVIDER OR SUPPLIER:  DELAWARE COUNTY WOMEN'S CENTER, INC.  STATE LICENSE NUMBER: FW3L8701			STREET ADDRESS,	(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:  RESS, CITY, STATE, ZIP CODE:  AL CENTER BLVD., POB II, 4TH FL  PA 19013			EY
(X4) ID PREFIX TAG	FIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG			(X5) COMPLETE DATE
M 0000	This report is the result of a Special Monitoring Survey conducted on December 20, 2022, at Delaware County Women's Center, Inc. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.			M 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

State Form G3B511 IF CONTINUATION SHEET Page 1 of 1



## **Certified End Page**

## DELAWARE COUNTY WOMEN'S CENTER, INC.

STATE LICENSE NUMBER: FW3L8701 SURVEY EXIT DATE: 12/20/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY